CLEARSIDE
General

FAX

To:	ClearSide General	**From:**	
Fax:	909-256-8963	**Pages:**	
Phone:		**Date:**	
Re:	Proof of Prior	**CC:**	

☐Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Below is a checklist of acceptable proof of prior insurance. Please check the applicable item(s) being faxed over.

If the expiration date of the prior policy is EQUAL TO the ClearSide General new business effective date:

_____ **Renewal Notice**

_____ **Non-Renewal Notice**

_____ **Declaration Page**

_____ **Company issued ID Card**

_____ **Company issued Letter of Experience**

_____ **Screen Print from Carrier's System or Agent Management System**

If the expiration date of the prior policy is BEFORE the ClearSide General new business effective date, include one of the above items AND one of the below items:

_____ **Invoice within 30 days of the ClearSide General Policy Inception Date**

_____ **Company Cancel Notice**

_____ **Other Company Documentation of Policy End Date**

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